

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

CERTIFICATE AMENDED
SEE NOTATION

Item 2 entered per Aff. of Registrar
& Baptismal Cert. 3-12-25 (5-8-73-18)
ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Winkelman
Town of Winkelman
or Box No 75
City of _____
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 150
County Registrar No. _____
Local Registrar No. 1

2. Full name of child Maria Mercedes BEATRIZ GARCIA
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child 7 To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. Legitimate? Yes
7. Date of birth Feb 17 1925
Month Day Year

8. FATHER
Full name Ralph Garcia

14. MOTHER
Full maiden name Rolando Ochoa

9. Residence (Usual place of abode) Winkelman
If non-resident, give place and state.

15. Residence (Usual place of abode) Winkelman
If non-resident, give place and state. Ariz.

10. Color or race Mexican
11. Age at last birthday 23 (Years)

16. Color or race Mexican
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Winkelman
(State or country) Ariz.

18. Birthplace (city or place) Phoenix
(State or country) Ariz.

13. Occupation father
Nature of industry

19. Occupation house wife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated
(Born alive or stillborn.)
Signature Charles R. Roberts M.D.
Address Winkelman Ariz.
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____
Filed March 7 19 25 W. J. Roberts
Local Registrar.
Registrar _____
Filed _____, 19 _____
County Registrar.

471-217-461